TOP FY 2000
Project Narrative

Massachusetts Executive Office of Health and Human Services

Grant # 25-60-00001
Boston, MA

I. Project Purpose

Definition of Problem/Need

Kathy Smith is a single parent with 3 children. At the local Department of Transitional Assistance Office, Kathy applied for cash assistance and Food Stamp benefits. While there, Kathy also inquired about finding $200 to get her belongings out of storage to settle into a new home. Anxious to settle her storage claim, Kathy later called the United Way local office, and the local telephone information and referral help line. Kathy's need to secure her belongings required the staff time and resources of three separate agencies, working independently of each other. If a single point of entry to health and human services had existed, coupled with essential case coordination, Kathy would have gotten help more efficiently and with less anxiety. Also staff within three different organizations would not have spent valuable time duplicating each other's efforts.

For over a century our nation has responded to a wide variety of needs by creating systems and organizations to deliver health and human services. While these efforts have produced a social safety net, they also have established a dizzying and complex array of programs with differing and confusing eligibility criteria and guidelines, and separate intake processes. For those in crisis trying to access services, negotiating these systems is burdensome, confusing, and often requires consumers to tell "their story" again and again to get their needs met. In many cases, this process actually prevents individuals from obtaining the necessary services because they are uncertain where to go, become discouraged and fail to complete the eligibility process.

Massachusetts is not exempt from these problems. Serving 1,064,731 individuals[1] at any one time (18% of the state's population), the Massachusetts Executive Office of Health and Human Services (EOHHS), with a budget of $8.2 billion, oversees 15 state agencies.[2] All of these agencies have different intake and eligibility processes. The Commonwealth not only provides services directly, but also contracts out approximately $1.6 billion (excluding Medicaid) to over 1,000 other organizations, primarily nonprofit groups, to operate programs.[3] The state has benefited from this contracting practice since community-based agencies tailor their services to meet local needs but each of these organizations *also* has a different intake system.

The state's decentralized health and human services system has prompted the Massachusetts Taxpayers Foundation and the Massachusetts Council of Human Services Providers to issue a preliminary report characterizing the state's human services Purchase of Service (POS) system as "cumbersome." The report finds that it is "not consumer focused," offers "poor and confusing access," and suggests that "new models should be explored."[4] To make it easier for individuals to access health and human services, a system utilizing interactive network technology must be developed to: 1) centralize information and referral efforts; 2) handle multiple intake processes; and 3) create a case coordination system for individuals with multiple needs seeking multiple state and community services.

The problems described above exist throughout the state, including rural Hampshire, Hampden, Berkshire and Franklin Counties where the proposed program will take place. (See Appendix

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[1] Massachusetts Executive Office of Health and Human Services, Common Client Index, 1/11/00.
[2] Massachusetts Executive Office of Health and Human Services, Management & Budget Unit, March 2000.
[3] Massachusetts Executive Office of Health and Human Services, Purchase of Service Unit, March 2000.
[4] The Human Services Purchasing System Project, Massachusetts Taxpayers Foundation and the Massachusetts Council of Human Services Providers, February 29, 2000.

A-D, pp. 9-13 for more information about the proposed Target Area.) Addressing ongoing fragmented service delivery is not an anomaly in the state. For example, in Hampshire County, EOHHS agencies serve 16,818 residents and also contract with 37 area nonprofit providers.[5] As a result, communication and coordination between state agencies and nonprofits can be limited, generally requiring consumers to approach agencies separately. In most cases, individuals attempting to access services are left to navigate the fragmented system on their own, often times falling through the cracks.

Organizational and technological factors contribute to the problem. One factor is the absence of a central location at a community level for consumers to access the full range of services offered by state agencies and their nonprofit providers. Geographical and transportation barriers, and diffused service sites have made establishing such locations impractical. The absence of an effective, interactive communication and information system that links EOHHS agencies and nonprofits is another barrier. For example, First Call for Help, Hampshire County's local help line agency, is unable to inform callers of potential eligibility because staff lack easy access to the different program eligibility criteria. Furthermore, once a referral is made to a state agency, First Call cannot determine if the consumer ever obtained the service(s).

EOHHS agencies and First Call also lack the capacity to perform effective case coordination and are constrained by current communication and information systems. Given the different and disconnected agency client information systems, agency workers face huge hurdles in determining which services a client is receiving from other agencies. This information gap makes case coordination for a client receiving multiple state services comparable to night flying without radar. Agreements for ongoing case management between EOHHS agencies exist, but are uncommon; agreements for case coordination services *do not exist*. The critical distinction between the two is that case coordination refers to the period consumers have before they are deemed eligible for services. Agency staff attempting to provide case coordination for a client must do so on a case-by-case basis with other agencies using phone, fax, or regular mail.

Information technology advances and the Internet now make it possible for EOHHS and its partners to solve many longstanding organizational and communication problems that have presented barriers to access and effective case coordination. EOHHS will use these new interactive technologies to address these barriers through ***BATON***.

Proposed Solution

> *"If you do what you've always done, you'll get what you've always gotten."*
> Anonymous

The Massachusetts EOHHS, in collaboration with 16 other partners, has created the **B**etter **A**ccess **T**o **O**rganizations **N**etwork (***BATON***). Designed to utilize interactive information technology to improve access to services for consumers. ***BATON*** will greatly enhance communication and collaboration among agencies. This network would also provide more effective case coordination for those consumers requiring services from more than one agency, particularly those most in need and least able to navigate the existing multi-agency system.

[5] Massachusetts Executive Office of Health and Human Services, Common Client Index, January 2000 and Purchase of Service Unit, March 2000.

EOHHS envisions that by 2006 the technologies and organizational mechanisms developed through this project will be incorporated into its statewide health and human services delivery system. However, as a first step, it plans to pilot ***BATON*** in Hampshire County in Year 1 and, then phase it into the three other Western Massachusetts counties in Years 2 and 3. EOHHS has selected Hampshire County to launch the project for several reasons. Census data show that the county is poorer than the statewide average and the need for services is high. (See Appendix D, p.13.) While the access and case coordination problems are typical statewide, they are exacerbated by the county's rural character. A Hampshire County public/private partnership has been meeting since 1998 to find solutions to these problems. The county's information and referral help line, First Call for Help, operated by Hampshire Community Action Commission (HCAC), provides a vehicle for expanding and easing access to state and community-based agencies by providing critical case coordination services.

The proposed project allows the Commonwealth to implement a set of interlocking, interactive, web-based and broadband technologies to help state and nonprofit agency personnel support and work more efficiently with consumers as they negotiate multiple agency intake and eligibility processes. More specifically, ***BATON*** has a developed program model, using network technologies, such as a shared **Resource Locator**, **Eligibility Wizard**, **Referral Mechanism**, and **CommBridge.** This model will use a single point of contact to conduct an initial screening for eligibility of services, and then use technology to generate multiple and simultaneous referrals on behalf of the consumer seeking services. First Call for Help will provide essential case coordination until the individual seeking services has been deemed eligible for those services. TOP funding will help the Project explore the capacity and models of central access help lines in the three other Western MA counties in Years 2 and 3. Appendix E, p.14 and Appendix F, p.16 explain the program model and the system components in detail.

Anticipated Goals and Outcomes

BATON recognizes the importance of identifying short-term and long-term benefits of enhanced information and referral as well as case coordination services. By the end of the grant period, the Project expects to have made significant progress meeting its objectives in each of the three proposed goal areas:

Goal	**Anticipated Outcomes**
❑ Improve Consumer Access to Services (short-term)	❑ Decreased barriers to obtaining services ❑ Improved and streamlined intake, screening & eligibility process ❑ Identified simultaneous multiple needs
❑ Enhance State and Purchase of Service (POS) Provider Response to Consumer Needs (short-term)	❑ Increased efficiency serving consumers ❑ Increased linkages between agencies ❑ Improved outreach to consumers ❑ Increased and improved coordination of multi-agency cases ❑ Improved consumer case coordination ❑ Increased follow-up with consumers ❑ Increased linkages to data

	❑ Enhanced ability to identify gaps ❑ Increased quality of referrals
❑ Enhance the Public Benefit (long-term)	❑ Prototype created, evaluated and replicated ❑ Improved quality of services for consumers ❑ Improved quality of life for consumers ❑ Improved and more efficient usage of health and human services infrastructure ❑ Improved understanding of gaps in services ❑ Improved funding and policy decisions

VI. Innovation

The ***BATON*** is distinctive because the model and proposed technology products will increase the ability of state agencies and non-profits to communicate and collaborate as well as create a single point of contact to conduct an initial screening for service eligibility. The use of technology will generate multiple and simultaneous referrals on behalf of consumers seeking services. Case coordination, which differs from existing case management, will be offered to ensure that consumers complete their eligibility process to benefit from all available services. Additionally, the process of developing the ***BATON*** has been exceptional. Meeting since April 1998, a public/private partnership has been working diligently to create ***BATON.*** Staffed by EOHHS, this group worked monthly to examine intake forms, crafted a common intake form, (See Appendix I, p.22), reviewed software packages, consulted with technical experts, reviewed utilization data, and created operating guidelines to create and implement ***BATON***. Also, the technical approach and products provide substantial innovations in service delivery and interoperability. (See Appendix F, p.16)

BATON is seeking to use system interoperability to arrange single point of service for consumers and case workers using tools. Developed by Systems Engineering, Incorporated (SEI) and funded by EOHHS, such tools include the **Resource Locator, Eligibility Wizard, Referral Mechanism** and **CommBridge**. These products will deliver the benefits of interoperability to consumers and caseworkers and have a planned, staged delivery that will be accessible via a broadband network. Customizable interfaces will allow the Commonwealth to cost-effectively achieve system interoperability without substantial changes to existing systems.

Research indicates that other states in the country have struggled with how to increase access to existing health and human services for consumers. Advances in technology now make it possible to craft solutions to address this concern. For example, the states of Texas, Utah and California have created systems to increase service access. California invested $321 million in the CALWorks Information Network, which is designed to allow agencies to share each other's basic consumer information.[6] In 1999, Utah received an award for the creation of the Department of Human Services' Data Warehouse, which gives department caseworkers access to all information about client services.[7] Texas pioneered The Workforce Information System of Texas that gives state agencies a single point of access for welfare and job training.[8] A review of 24 TOP case studies

[6] "California Counties to Share Social Services Network", by Jill Rosen, civic.com, 2/7/00.
[7] "Utah IT Projects Get Nod From Governor", by Dan Caterinicchia, civic.com, 1/31/00.
[8] "Texas Twist: State Starts a Revolution in Human Services Delivery", by Jane Morrissey, civic.com, 6/1/98.

revealed that only the Children's Alliance of New Hampshire's Safety Net was designed to use technology to screen applicants against eligibility requirements for federal, state and local social services programs.[9]

EOHHS believes the ***BATON*** is a national model. The technical architecture will integrate multiple systems delivering health and human services as shown in Appendix F, p.16. In addition, the ***BATON Project*** model will create web-based "one-stop shopping" for agency personnel working with consumers; and the case support and monitoring function can occur across state agency lines. All these applications will be widely shared as other states identify how technology can be used in combination with an innovative case support model to streamline the referral, intake and eligibility processes for consumers.

VII. Diffusion Potential

The ***BATON will*** be implemented in two phases and will be replicated at three levels: county, statewide, and national. Phase I of the project will implement ***BATON*** in Hampshire County and then in the remaining three counties of Western Massachusetts in Years 2 and 3 covering a total of 101 cities and towns (FY2000 to FY2003). Phase II of the project will implement ***BATON*** in the remaining 250 cities and towns, covering the Commonwealth's 351 communities by the end of the second, three-year period (FY2003 to FY2006).

County Diffusion

In Year One, ***BATON*** will be implemented in 20 communities in Hampshire County utilizing a single point of contact (First Call for Help) for information and referral and case coordination.

Statewide Diffusion

In Years Two and Three, ***BATON*** will be implemented in the remaining three counties of Western Massachusetts, **Franklin (26 towns), Hampden (23 cities and towns) and Berkshire (32 cities and towns)**. Using data gathered from the implementation of Phase I, ***BATON*** will be implemented in the remaining 250 cities and towns across the state as Phase II of the Project. Phase II will also cover a span of three years and will be financed with a combination of state and private resources. Presentations about ***BATON*** will be made at the annual conferences of the Massachusetts Municipal Association, and the Massachusetts Human Services Providers Council. Presentations will also be made at the Massachusetts Annual Ounce of Prevention Conference and the Massachusetts Taxpayers Foundation.

National Diffusion

EOHHS will distribute information as a recipient of technical assistance from the U.S. Health and Human Services Assistant Secretary's Office on Planning and Evaluation (ASPE) regarding the development of indicators of child well being. ASPE has supported the development of programmatic models and technology applications to track indicators of child well being. EOHHS will share information about the ***BATON*** with 13 other states participating in the Child Indicator Project. Those states are: **Vermont, New York, Rhode Island, Alaska, Hawaii, Utah, Maine, Minnesota, Delaware, Maryland, Georgia, and West Virginia**. Second, the ***BATON*** will be written up and submitted but not limited to the following e-mail publications: **Federal Computer Week, the Alliance for Public Technology Newsletter** and **Civic.Com**. Submissions will also be

[9] "Evaluation of the Telecommunications and Information Infrastructure Assistance Program", U.S. Department of Commerce, 1998.

made to the following journals: **Journal of Public Policy and Management** and the **New England Journal of Public Policy**. In addition, a training manual will be developed and posted on the web so that others may benefit from the implementation of ***BATON***. A training group comprised of members of the ***BATON*** Advisory Board will be responsible for identifying state and national conferences sponsored by organizations such as the American Public Human Services Association, Children's Defense Fund, Child Welfare League of America, the Family Resource Coalition, and the National Governors' Association, in which the *BATON* can be showcased. The Massachusetts Rural Development Council, one of our private, non-profit partners, is part of a national network of rural development councils where issues of technology and access are routinely addressed. The Council has agreed to disseminate information about ***BATON*** through its participation in national meetings.

IV. Project Feasibility

Technical Approach

The technical underpinnings for the proposed system already exist. It is assumed that the proposed development will continue along the same lines while taking advantage of new technologies as appropriate. EOHHS has recently implemented systems in three areas that will serve as the foundations for future development efforts: Interoperability (*CommBridge);* Data Sharing (*Common Client Index);* and Web-based Interactive Tools (*OCCS Resource Locator & Eligibility Wizard)*. These working systems have demonstrated that EOHHS can provide interoperability among its disparate systems and deliver the derived benefits via a broadband network. (See Appendix F, p.16, Appendix J, p.23, Appendix K, p.24, and Appendix L, p. 25 for greater detail about proposed technologies.)

Applicant Qualifications

The qualifications of the lead applicant and other partner organizations involved in the creation, oversight and implementation of the ***BATON Project*** are numerous and will make the successful implementation of ***BATON*** feasible. The lead applicant for the grant is the **Massachusetts Executive Office of Health and Human Services (EOHHS)**. Created in 1971, EOHHS is the largest executive office in the Governor's cabinet. EOHHS oversees a state appropriated budget of over $8.2 billion and another $282 million in Federal contributions. This figure represents nearly 40% of the total state budget.[10] EOHHS is responsible for coordinating the delivery and policy development in the Commonwealth's 15 health and human service agencies. The Secretary, appointed by the Governor, serves as the Chief Executive Officer at EOHHS and is the Governor's chief policy advisor on all health and human services issues. EOHHS also oversees its Information Technology (IT) divisions which convenes monthly meetings of the EOHHS agency IT Directors to share information, discuss standardization of reporting, and plan for capital investments. The remaining 7 state partners involved in this project are the **Departments of Mental Health, Public Health, Youth Services, Social Services, and Transitional Assistance,** the **Office of Child Care Services**, and the **Division of Medical Assistance.** The private, non-profit partners are **Hampshire County Action Commission, the Massachusetts Rural Development Council, the Hampshire Community United Way, Valley Human Services, Inc., Tri-County Youth, Inc.** and membership from the **Hampshire County Council of Social Agencies (COSA)**, an organization of 40 private, non-profits who work together on a wide variety of issues in the area. Additional partners are **Systems Engineering, Inc**., the **University of Massachusetts' Donahue Institute** and

[10] Massachusetts Executive Office of Health and Human Services, Budget and Management Unit, March 2000.

Senator Stanley Rosenberg's Office. Appendix N on page 28 provides more detail regarding the role and contributions of the partner organizations. Appendix O on page 37 also provides information on how ***BATON*** will be governed.

Budget, Implementation Schedule and Timeline

EOHHS is seeking nearly $600,000 for a three-year period to implement ***BATON***. Additional information on the budget, implementation schedule and timeline are found in Appendix G, p.20.

Sustainability

EOHHS has developed a six-year plan to deploy ***BATON*** to cover all the state's 351 cities and towns that will be implemented in two phases. Using TOP funding, Phase I of this plan will cover a three year period that will execute ***BATON*** in Hampshire County in the first year, and cover the remaining counties of Western Massachusetts in Years 2 and 3 of the proposed project period. Phase I will cover 101 cities and towns. Phase II of the plan will cover an additional three-year period for the remaining 250 cities and towns. Technology Bond money from the state will cover the technological components of this statewide effort in Phase I and Phase II. (For example nearly $4 million has already been set aside for this purpose. Please refer to the Budget Narrative for more detail.) State resources and staff will be re-deployed to sustain the effort statewide during Years 2 and 3 under Phase I and for all of Phase II. For example, staff within state agencies will be trained in the case coordination function and then will provide the staffing at regionally or countywide points of access.

V. Community Involvement

Partnerships

Since April 1998, the ***BATON Advisory Group,*** comprised of 17 public and private organizations, has been working to review intake and eligibility forms, develop a common intake form that contains basic eligibility information, and create an integrated information and referral model using web-based technology to streamline access to over 15 different state agencies and 37 different private, non-profit organizations in Hampshire County. The partners have also developed governing operating guidelines (see Appendix O, p.37). A more detailed listing of the agency partners, expected benefits, roles and contributions they are making to the project, have also been included in Appendix N, p.28.

EOHHS has provided staffing since the inception of this effort. EOHHS staff is responsible for facilitating meetings using group consensus, preparing meeting agendas and summaries, and transmitting information about the project via mail and e-mail. EOHHS will continue to staff ***BATON*** as a non-Federal contribution to the grant.

Involvement of the Community

Since April 1998, a public/private partnership of 17 different organizations has met monthly to define the breath and scope of the project. It was determined early in the project that the end users would be the state and nonprofit agencies working with referred consumers to streamline the referral, intake and eligibility processes. As part of this streamlining effort, agency representatives drew upon their own anecdotal data, and information from focus groups and surveys to identify access barriers for consumers trying to use the health and human services system in Western Massachusetts.

Support for End Users

The targeted end users for this project are the agency personnel responsible for handling the referrals and processing eligibility information for consumers. Working within state agencies or private, non-profit organizations, these staff will have access to web-based technology. These end users, working in a fast-paced and crisis-oriented environment, sift through ever changing eligibility criteria to assess consumers' eligibility for services. In addition, the targeted end users were involved in the development of ***BATON*** from the beginning to ensure an effective model particularly for those consumers requiring multiple services. EOHHS will contract out the training for end users to learn how to use the technology components as outlined in Appendix F, p.16.

Privacy

The proposed system will use a five-layer security schema to protect client confidentiality and privacy: *Access Security, Use Security, Data Encryption, Secure Transmission and Physical Firewalls*. A user login and password will be used for *Access Security* to determine whom has access to the systems secured areas. *Use Security* will control what functions a user can access once in the system (e.g., a different level of authority will be required for changing versus reading data). Encrypting certain data within the Common Client Index will protect client privacy. Identifying characteristics, such as name, street address and SSN, will be protected by *Data Encryption* so that only a few select users with very high clearance will be able to identify a specific user from the raw data in the database. *Secure Transmission* of data will be achieved by standard Secure Socket Layer (SSL) security, and the application and data will by protected behind *Physical Firewalls* currently in place.

VI. Reducing Disparities

Description and Documentation of the Disparities

As noted elsewhere, interactive communication technology has been limited within and between organizations in the state. These obstacles prevent consumers from accessing needed services and thwart workers' efforts to assist consumers in navigating the system. Most individuals seeking services from EOHHS agencies are low-income, often in crisis, and cannot get their basic needs met elsewhere. Many of these individuals, whether seeking services or in the system trying to get multiple needs met, are currently hindered by the absence of effective communication and information technologies within these agencies. This absence compounds their problems in accessing services and in obtaining support and assistance.

The project will reduce these disparities for low-income people in need of health and human services by creating new tools, using interactive networking technologies to ease access, make case coordination and support for clients more feasible and effective, and ensure that the multiple needs of clients are adequately addressed.

Strategies for Overcoming Barriers to Access

TOP funding would allow the Commonwealth to implement a set of interlocking, interactive, web-based and broadband technologies and provide case coordination to help state and nonprofit agency personnel support and work more efficiently with consumers as they negotiate multiple agency intake and eligibility processes. The ***BATON*** aims to: improve consumer access to services; enhance state and purchase of service provider's response to consumer needs; and enhance the public benefit.

VII. Evaluation and Documentation

Planning for the evaluation of ***BATON*** was initiated during the early stages of the project's conceptualization, through close collaboration between the proposed evaluator and the planning team. This involvement facilitated the development of clear, measurable goals and objectives, and ensures that key evaluation activities will be implemented at the onset of the project.

For a more thorough discussion of the evaluation questions, strategy, data collection and analysis methods, please refer to Appendix M, p.26. For more information on the evaluator and the budgeting of resources, please refer to the Budget Narrative.